DOCUMENT RESUME

ED 317 325 PS 018 730

AUTHOR Lombardo, Kathy A.
TITLE Establishing a Coalition of Hospital-Affiliated and Community-Based Child Care Services through a Family Home Day Care Network.
PUB DATE 90
NOTE 61p.; Ed.D. Practicum, Nova University.
PUB TYPE Dissertations/Theses - Practicum Papers (043)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Child Caregivers; *Community Information Services; Day Care; Early Childhood Education; *Family Day Care; *Fringe Benefits; *Hospitals; *Inservice Teacher Education; Program Evaluation; Referral

ABSTRACT

The director of the child care and services program of a New England hospital designed and implemented this practicum for the purpose of expanding child care services for children of hospital employees and residents of communities around the hospital. The primary goal was to increase the number of quality child care slots in the area. A second aim was to increase consumers' knowledge of the child care services available. To attain these goals, a training program for family day care providers was developed; potential family day care providers were recruited; training classes were conducted; expert guest lecturers were recruited; a resource library for providers was established; site visits were conducted; family day care homes were evaluated; and a resource and referral system was established for the purpose of connecting parents with family day care providers. Practicum outcomes were positive. Training sessions proved to be positive for the potential family day care providers. All training participants who tried to receive day care registrations from the State Department of Human Resources did so. Of the 23 participants, 4 pursued registration and provided care in three separate towns, thus adding 36 child care slots in the vicinity of the hospital. Related materials are appended. (Author/RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED317325

PRACTICUM REPORT

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

X Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Center for the
Advancement of Education
Ed.D. Program

Establishing a Coalition of Hospital-Affiliated and Community-Based Child Care Services Through a Family Home Day Care Network

by

Kathy A. Lombardo

PS 018730

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Kathy A. Lombardo

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

3301 College Avenue
Fort Lauderdale, Florida 33314
305/475-7300

NOVA UNIVERSITY

Establishing a Coalition of Hospital-Affiliated and Community-Based Child Care Services Through a Family Home Day Care Network

by Kathy A. Lombardo

Cluster 28

A Practicum II report presented to the
Ed.D. Program in Early and Middle Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Eduction

NOVA UNIVERSITY

1990

PS 018230

PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Joseph F. Cannon.

Vice President, Planning, Marketing, Business Development

Title

Lawrence and Memorial Hospital
365 Montauk Avenue
New London, CT 06320

Address

3/19/90
Date

This practicum report was submitted by Kathy A. Lombardo under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

4/2/90
Date of Final Approval of Report

Richard Goldman, Ph.D.,
Advisor

ACKNOWLEDGEMENTS

This writer acknowledges the following departments of Lawrence and Memorial Hospital, New London, CT for their assistance in supporting the Child Care Services Department in promoting the Family Day Care Training Program:

* Hospital Administration for permission to implement the program.

* Department of Education for procuring and scheduling outside, paid instructors for certification programs in Infant CPR and First Aid.

* Public Relations Department for designing brochures, arranging videotaping sessions, press releases, and cable TV public service announcements.

This writer is also grateful to the following individuals and organizations who donated their time, expertise, and materials in instructing various sessions of the Family Day Care Training Program:

* State of CT Department of Children and Youth Services
  - Reporting Abuse/Neglect: Utilizing Support Services: Session I

* State of CT Department of Health Services
  - Obtaining Your Group Day Care Home License: Session I

* Lawrence and Memorial Hospital Department of Social Services
  - Identifying Signs of Abuse/Neglect: Session I

* Ellen Kaji, Head Teacher L&M Child Care Center Infant Toddler Program
  - Language and Motor Development in Infants and Toddlers: Sessions I & II

* Gwen Lakowsky, Infant Staff L&M Child Care Center
  - Language and Motor Development in Infants and Toddlers: Session III

* Elizabeth Carlson, Preschool Staff L&M Child Care Center
  - Arts and Crafts Activities for 3-6 Year Olds: Session III

* The Women's Center of Southeastern CT, Inc.
  - How to Identify, Handle and Report Suspected Cases of Child Abuse: Sessions II & III

* Richard Desmond, Proprietor: Education Works, New London, CT
  - Harmony in Cross-Age Groups (Selecting age-appropriate equipment): Sessions I, II & III

* InfoLine of Southeastern CT
  - for presenting information on Resource and Referral Services: Sessions I, II & III

* Joseph Cannon, L&M Hospital, Vice President of Planning, Marketing & Business Development
  - Financial Aspects of Day Care Management: Sessions I, II & III

* Jackie Smith-Forte, Davis Insurance Co., Waterford, CT
  - Financial Aspects of Day Care Management: Insurance Sessions I, II & III

* Gertrude White, Teaching Staff L&M Child Care Center
  - for hosting The Women's Center of Southeastern CT presentation: Session III

* Debbie Apicelli and Terry Finnegan, Secretaries L&M Planning Department
  - for typing the practicum report

TABLE OF CONTENTS

		Page
ACKNOWLEDGEMENTS		iii
TABLE OF CONTENTS		v
ABSTRACT		vi
Chapter		
I	INTRODUCTION	1
	Description of Work Setting and Community	1
	Writer's Work Setting and Role	3
II	STUDY OF THE PROBLEM	5
	Problem Description	5
	Problem Documentation	5
	Causative Analysis	9
	Relationship to the Problem to the Literature	11
III	ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS	16
	Goals and Expectations	16
IV	SOLUTION STRATEGY	18
	Discussion and Evaluation of Possible Solutions	18
	Description and Justification for Solution Selected	20
	Calendar Plan	25
V	RESULTS, CONCLUSIONS AND RECOMMENDATIONS	27
	Results	27
	Conclusions	41
	Recommendations	42
REFERENCES		45

FIGURE AND TABLES

Figure 1:	Working Women with Children	9
Table 1:	Obtaining Your Family Day Care Registration (I: Introduction)	35
Table 2:	The Child and His Image (Nurturing Emotional Needs)	35
Table 3:	Arts and Crafts for 3-6 Year Olds	36
Table 4:	Language and Motor Development for Infants and Toddlers	36
Table 5:	Cooking Activities for 3-6 Year Olds . .	37
Table 6:	Harmony in Cross-Age Groups in Day Care .	37
Table 7:	Child Abuse/Neglect (Includes Identifying, Handling, Reporting)	38
Table 8:	Establishing Policies: Hours, Responsibilities, Fees, Health	38
Table 9:	Relating with Parents as Clients	39
Table 10:	Financial Aspects of Day Care Management	39
Table 11:	Financial Aspects of day Care Management: Insurance	40
Table 12:	Obtaining Your Family Day Care Registration (II: Wrap-Up)	40

APPENDICES

A. CERTIFICATE OF COMPLETION
B. "FAMILY DAY CARE HOME PROVIDERS" BROCHURE
C. PROGRAM FORMAT: TOPIC SEQUENCE
D. EVALUATION OF TRAINING PROGRAMS

ABSTRACT

Establishing a Coalition of Hospital-Affiliated and Community-Based Child Care Services Through a Family Home Day Care Network. Lombardo, Kathy A., 1990: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Day Care/Employee Benefits

This practicum was designed to expand child care services available to children of Hospital employees and residents of communities surrounding the Hospital. The primary goal was to increase the number of quality child care slots available. A second aim was to increase the consumers' knowledge of child care services available.

The writer developed a curriculum of classes for a training program for family day care providers; advertised for and recruited potential family day care providers; both conducted classes in the training program and recruited appropriate experts as guest lecturers; established a resource library for the use of the providers; conducted site visits and evaluations of family day care homes; and established a resource and referral system to connect parents with family day care providers.

The results of the practicum were positive. Analysis of the data revealed that the training sessions proved to be a positive experience for the potential family day care providers. All training participants who attempted to do so received day care Registrations from the State Department of Human Resources. Of 23 participants, four have gone on to pursue registration and provide child care services in three separate towns. This has resulted in an additional 36 child care slots (24 full-time and 12 after-school) in towns in the vicinity of the Hospital.

Chapter I

Introduction

Description of the Work Setting and Community

The setting is a child care center licensed to provide child day care and early childhood education for a capacity of 64 children at one time. Open since May, 1988, the Center provides quality care for Infants, Toddlers, Preschool and School-age children of employees of its sponsoring Hospital. The current enrollment is slightly over one hundred five children. The Center provides child care Monday through Friday from 6:00 a.m. - 5:45 p.m.

At the Center, child care services are provided in a developmentally appropriate setting.

A developmentally appropriate setting is structured on knowledge of how young children learn. The program is both age appropriate and individually appropriate. The program is designed for the age group served. It is implemented with attention to the needs and differences of the individual children enrolled.

The Staff is presently composed of twenty individuals, each of whom has between two and fourteen years of experience working with young children in the field of

early childhood. With two staff members having Master's Degrees, including one Doctoral candidate; five having Bachelor's Degrees; six with Associate's Degrees; and two with Nurse's Aide Certification, the Center has a Staff with one of the highest levels of expertise in the area.

By providing a secure environment and a program geared to the developmental needs of each child, the Child Care Center impacts on the quality of service the Hospital is able to provide the community. Studies have shown that employees who are confident in their child care arrangements have a higher level of on-the-job performance, and a reduced rate of absenteeism (Gallinsky, E. 1986). Thus, the Child Care Center indirectly, but in a very real way, impacts on the health care services to the people of the region.

The Hospital, as employer, underwrites a considerable portion of the expense of operating the Child Care Center. The balance of the Center's income is obtained by way of the fees paid by the families who use the service.

The Hospital is a 360-bed community general hospital which services the health needs of patients throughout the county (21 cities and towns) and the nearby vicinity. The county is a geographically and socio-economically diverse region, with several distinct parts. These include the urban communities of two anchor cities with their varieties

of people and problems; the attractive and relatively affluent communities up and down the coast; the many, predominantly middle-class suburban communities surrounding and between the two anchor cities; and the attractive but rural areas in the northern part of the county (InterMatrix Group 1987).

Writer's Work Setting and Role

The writer is employed by a subsidiary corporation of the Hospital, and primarily works out of the Child Care Center. As Director of the Hospital's Child Care Center and Services, her roles are numerous. The author supervises the twenty child care staff members and four volunteers who provide direct child care services. She established the policies under which the Center operates. She establishes and administers the annual operating and capital budgets. The author is responsible for on-going staff development, and for recruiting and hiring new staff as needed.

Additionally, the author accepts new enrollees into the Center, including intake interviews with incoming parents. She maintains communication with all of the parents of the children enrolled in the Center on a

continuing basis. Parents currently work in 28 departments of the Hospital.

The author established the Hospital child care program in May, 1988. Four years prior to that, she had established, owned, and directed a child care program for preschool age children. After completion of a Master of Arts degree in Special Education/Counseling, the writer left elementary school teaching after eight years to establish her private child care center. In addition to directing the Hospital child care program, she is currently a Doctoral candidate, pursuing an Ed.D. in early and middle childhood education.

The author maintains communication with the various departments of the Hospital necessary for the overall operations of the Center. She participates in community and State organizations representing child care concerns. The author is the liaison between the Child Care Center and Hospital Administration. As child care needs become increasingly evident in the Hospital and community settings, the author is involved in assisting working parents who seek child care, and in proposing viable options for the Hospital's consideration as long-term solutions to new child care dilemmas.

Chapter II

Study of the Problem

Problem Description

Problem Documentation

The need for child care services for children of Hospital employees was seen in the rapid growth of the Center. Open one year in May, 1989, the Center has a current active enrollment of one hundred and five children. The total licensed capacity is 64 children in attendance at any one time.

There was a waiting list for enrollment in all age groups, with the greatest demand being in the Infant and Toddler programs. In April, 1989, 35 children were pre-registered and waiting for an opening. Of these, twelve were infants, born between September 1988 and April 1989; nine were Toddlers in the 18-36 month age range. The remaining 14 were preschool age children, 3 years or older.

Due to the unpredictable employment schedules of the hospital employees, the Center is occasionally unable to provide child care when needed to enrolled children. Following internal restructuring in March of 1989, the

incidence of this particular difficulty has been markedly reduced.

During the 4-week period of January 4-31; 1989, 25 requests for specific child care slots were denied due to lack of availability. The specific breakdown was as follows:

Age of Child	# of Employees	# of Requests Denied
7-18 mos.	3	5
18-24 mos.	6	10
24-36 mos.	5	10
	14	25

For each of the 14 parents involved, the number of unfulfilled requests was between 1 and 3.

During the 4-week period of April 3-28, 1989, 8 requests for specific child care slots were denied due to lack of availability. The specific breakdown was as follows:

Age of Child	# of Employees	# of Requests Denied
0-7 mos.	0	0
7-18 mos.	3	8
18-24 mos.	0	0
24-36 mos.	0	0
	3	8

For each of the 3 parents involved, the number of unfulfilled requests was between 1 and 3.

It seems evident that child care services are needed by hospital employees. The Center has improved its ability to meet the demand for service for children already enrolled. There is a need for additional services, both for parents of children on the waiting list, and for those who are not. Numerous calls are received from parents whose need for child care services is immediate. These parents choose not to pre-register when they learn there is a waiting list. The length of "wait time" for child care availability ranges from four weeks to six months, depending on the child's age and the schedule of services required.

The clientele of the Center is limited to employees of the Hospital only. Even with availability limited only to the Hospital's employees, the Center maintains a waiting list for enrollment.

Child care fees are set parallel to other centers in the area. Very few group day care centers offer care for Infants and Toddlers. In a 15 mile radius encompassing 14 towns, there are five centers, including this one, licensed for this age group. Family day care homes are permitted to care for no more than two children under the age of two years at one time. Therefore, the dearth of child care

availability is experienced most keenly by parents of Infants and Toddlers.

This problem is paralleled by the demand for services and the lack of child care available in the community. Data from a recently completed county-wide needs assessment sponsored by the United Way ranks child care among the top ten major needs in the region. Child care is in short supply for all groups of people in all parts of the County, but care for infant, toddlers, sick children, and children of third shift workers is the biggest need. According to the Executive Summary of the Southeastern Connecticut Community Needs Assessment, "Many observers are also concerned about the quality of existing child care, especially that provided in family homes, both licensed and unlicensed. Training is often inadequate at licensed centers and typically non-existent among home providers."

By the year 2000 there could be as many as 34,000 women in the County with children aged 0 - 14. The number of working women with children should continue to increase steadily as more women enter the workforce. If only half of the women with children 0 - 14 need child care, that would be a demand for 17,000 child care spaces. In 1988 there were an estimated 4000 - 4500 full-time and part-time child care spots available in the county. Therefore,

approximately 13,000 new child care spaces may be needed by the year 2000.

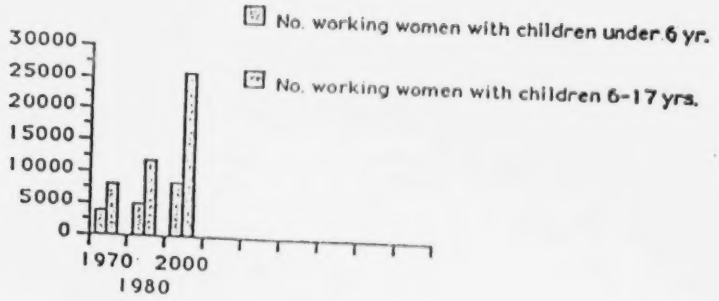

Figure 1

Causative Analysis

Several factors contribute to the problem. Scheduling the children enrolled for child care slots is complicated by the manner in which Hospital employees are scheduled for work. Employees in various Hospital departments receive their work schedules at different times and they cover different periods of time. For example, one department may give "posted time" (a permanent schedule) every four weeks, and it may cover a two-week period. The schedule may include an additional two weeks of "tentative" or "projected time" (a schedule subject to change). Another department may give time every three weeks, covering two weeks of posted time and one week of tentative time. A third department may give posted time every three weeks,

which covers a three week period. Some departments work on a permanent schedule; still others have variations not mentioned here.

Thus, Hospital employees are not receiving their actual work schedules at the same time or for the same period of time. Therefore, when parents submit their requests for child care, they are sometimes requesting time already reserved by other parents.

The Child Care Center has a capacity for forty children under the age of 3 years and twenty-four over 3 years at any one time. The present number of infants (ages 6 weeks - 18 months) enrolled as of April 1989 was 39.

There are 39 toddlers in the program, and 37 children over the age of three years. Of the 35 children on the waiting list, 21 were children waiting for space in the Infant/Toddler program. Since this center is one of only five in the area providing care for infants and toddlers, parents do not have alternate choices for child care for children in this age group. Licensed family day care providers may care for only 2 children under 2 years of age at any one time. Currently, all of the child care centers, and most of the licensed family day care providers had waiting lists for infants and toddlers.

Relationship of the Problem to the Literature

In 1976, research undertaken in Chicago by Roosevelt University explored the practices of eighteen day care homes in the Chicago area. The research project examined the education and training needs of a group of women who were licensed home day caregivers and who provided day care services for preschool children for a fee. "Based upon this exploration and assessment, the goal of devising methods of supporting the positive aspects of the family day care home and of designing an appropriate course of training for the home day caregivers were implemented" (Colbert, et al, 1976).

"Teachers of young children - be they in a public school, day care, nursery school, or kindergarten setting - desire and welcome opportunities that facilite professionalism as well as camaraderie while providing new intellectual challenges" (Klass and Nall, 1989). Klass' and Nall's Child Study Project resulted in a model of professional development for early childhood practitioners. Literature in the field indicates the need for staff development and professionalism in the field of early childhood. The field is characterized by great diversity, which results in the need for awareness that professionals are united in a common purpose. This

awareness can result in new insight into practitioners' own daily work with young children.

Good child care makes a positive difference to a child's development. Good child care practices include small group sizes and fewer children per adult caregiver. Good child care is staffed by caregivers with quality training and has low caregiver turnover, qualities that can be obtained by paying caregivers decent wages.

According to the Children's Defense Fund, "twenty-eight states have such low expectations of family day care providers that they require neither training in child development nor any prior experience. Twenty-eight states require no training before teachers come to work at day care centers."

The Children's Defense Fund estimates that 4000 employers out of six million across the United States provide child care help to their loyees. Employers are increasing their involvement in child care, but private sector efforts are still very scarce.

Some States have taken the initiative with programs that work.

> Maine has a multipronged campaign for child care. To help parents find child care, the state funds 10 resource and referral centers that also recruit new family day care providers. To help parents pay for child care, Maine has increased direct family subsidies and expanded the state dependent tax care credit. To improve quality, the state has increased salaries for child care workers in government - funded programs, expanded training opportunities for child care workers, and initiated loan forgiveness programs for child care workers who earn two - or - four - year degrees. To increase supply Maine gives tax credits and other assistance to employers that start child care programs and offers loans and grants for ongoing providers. In addition, since 1985, Maine has invested almost $7 million to increase the number of children enrolled in Head Start (Children's Defense Fund, 1989).

Edward Zigler, director of Yale University's Bush Center in Child Development and Social Policy, perceives public education as the child care providers of the future. Under Zigler's plan, schools in every community would sponsor a universal system of child care and family support from birth through adulthood. His plan is known as the School of the 21st Century.

> For Infants and Toddlers, the 21st Century School would coordinate a system of family day care homes in each community. Parents usually prefer family day care for small children, Zigler says, but finding a good home is often "a cosmic crapshoot." Some are run by experienced childcare teachers, others by people with no training at all. In the future, Zigler wants the schools to provide the necessary training and support (Walsh, 1990).

According to the child care specialists, child care is in short supply for all groups of people in this county. Care for infants, toddlers, sick children, and children of third shift workers are the biggest needs. The child care problem is one of both availability and affordability. Thus, there are many lower income people who cannot afford the rates charged by many private home care providers. On the other hand, there are many people with higher incomes who still have trouble finding child care at all, or at least that matches their budgets. "The challenge is to provide affordable quality child care to all working parents and children who need it and to create the local and regional coalitions to better understand the needs and address the gaps in service [including] increasing the level of public information about existing child care services" (InterMatrix Group).

There is presently a big gap between the supply and demand for child care. Unless successful measures are taken to remedy this, the situation will worsen in light of the increase in population. In a recent study, 57 percent of the men and 75 percent of the women surveyed found it

difficult to obtain child care. (Pleck, J.H., 1986). Local child care resource and referral agencies report that there are long waiting lists for many child care programs. Parents have great difficulty obtaining care for their infants, toddlers, and school-age children (Pintauro, 1988).

Chapter III

Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The general goal of the Practicum was to increase the availability of quality child care for Hospital employees. The end results would be an increase in the number of child care slots available to Hospital employees and an increase in consumers' knowledge of child care services available.

One goal would be an increase in the overall number of child care slots available both in the community, and to Hospital employees. Upon completion of initial implementation, there would be at least 10 additional spaces available either to the public or to Hospital employees. At least three families of Hospital employees would be able to receive child care services in a registered family day care home as a result of the practicum.

Evidence that the providers have mastered the training would come mostly from verbal feedback from participants during the classes. Additional evidence would be seen by those who successfully obtain registration status from the

state. The CPR and the First Aid courses each have written exams which must be passed in order to receive certification in these areas. Certificates of completion are given to participants who successfully achieve certification in both First Aid and CPR, and who attend all of the remaining twenty-four hours of course work.

Measurement of Objectives

Records are kept of requests for child care services. Availability of space, number and ages of children on the waiting list, current number and ages of children enrolled, and number of requests for service denied because of lack of space are among the records kept. The means of measuring the achievement of the specified goals will be a comparison of records kept.

Plan for Analyzing Results

The evaluation tool will be records kept, comparing present availability of child care services for Hospital employees with availability as a result of the practicum. As a standard of achievement, child care spaces will increase by at least 10 as a result of the practicum.

Chapter IV

Solution Strategy

Discussion and Evaluation of Possible Solutions

Several possible solutions were considered.

Employers can share the costs, risks, and benefits of establishing and operating a child care center by participating in a consortium (Galinsky, E., 1986).

In the use of vendor plans, the employer establishes contracts with local child care programs. By paying a reservation fee and/or a portion of the child care fees for employees using the programs, a certain number of slots are guaranteed.

Employers may create or support services that discover and catalog the variety of child care services available. Individual employees can receive assistance in defining the kind of child care that best suits family needs and in discovering such child care placement in the community (The Texas Child Care Resources Clearinghouse, 1988).

Partly because of its relatively low cost, the information and referral service has become one of the more

popular forms of employers support for child care. These services vary greatly and may range from simple provision of a list of available child care to lengthy interviews resulting in recommendations of specific child care arrangements that would meet the needs of parent and child (The Bureau of National Affairs, Inc., 1984).

Another form of information and referral service involves sponsorship of family home day care networks. Because of concerns about quality, control, and liability, few employers support individual family home care providers. Family home care networks provide training and licensing assistance as well as monitoring and supervision. Local information and referral services may sponsor training and monitoring as a means toward expanding child care availability (National Foreman's Institute, 1988).

Family day care is an arrangement in which parents leave children in the home of a person who provides care for up to six children. A child care center can create a satellite program of a system of family day care homes. The center becomes responsible for providing training and administrative support for each individual family day care home (The Texas Child Care Resources Clearinghouse).

Description and Justification for Solution Selected

The Hospital and Child Care Center wished to establish a network of registered family day care providers in the communities in proximity to the Hospital.

Training of prospective day care providers would prepare child caregivers to provide quality, appropriate child care services. Assistance would be provided in completing requirements to obtain registration from the State Department of Human Resources.

One component of the satellite family day care system would be a network of support services for the providers. On-going workshops provide opportunities for providers to keep abreast of current issues. Facilitating networking among providers allows them to gain support from one another and reduce "burn-out." Establishing a lending library of child care resources and equipment enhances services provided at little or no cost to the provider.

Unannounced on-site visits from the Director of Child Care Services ensures the quality of services offered. On-site visits by appointment, planned with specific goals in mind, provide support for the providers. Establishing a resource and referral service through the child care center assists both the providers in finding clients, and parents

in finding child care placement. Having an arrangement with registered family day care providers increases the availability of quality, licensed slots. The providers may use a telephone system for on-going support and supervision. As the provider recognizes needs, or circumstances arise in which s/he needs assistance, a call to the Director can provide the assistance needed.

The services will be delivered to participant providers in two modes: Initial Training and On-going Education and Support Services. Both modes are described as follows:

Initial Training for Family Day Care Home Providers

(40 hours)

First Aid for Young Children (Certification)	8 hours
Infant CPR (Certification)	8 hours
Early Childhood Education:	10 hours as follows:
The Child and His Image (Nurturing Emotional Needs)	2 hours
Arts and Crafts Activities for 3-6 year olds	2 hours
Cooking Activities for 3-6 year olds	2 hours
Language and Motor Development for Infants/Toddlers	2 hours

Harmony in Cross-Age Groups in Day Care 2 hours

Issues in Child Abuse/Neglect 4 hours as follows:

Identifying Signs of Abuse/Neglect 2 hours

Reporting Abuse/Neglect: Utilizing Support Services 2 hours

Managing Your Registered Family Day Care Business 10 hours as follows:

Obtaining Your Family Day Care Registration

Understanding and Complying with DHR Statutes and Regulations 4 hours

Establishing Policies for Admission: Hours, Responsibilities, Fees, Health Registrations 2 hours

Relating with Parents as Clients 1 hour

Financial Aspects of Day Care Management 3 hours

-Setting Fees, Establishing an Accounting System

-Insurance, Zoning and Operating Expenses

On-going Education and Support Services For Family Day Care Home Providers

-Split-session workshops (1-1 1/2 hours)

4 providers and their children (maximum 24 children)

4 providers meet with facilitator to discuss topic

of interest or concern

children participate in a group activity conducted by a Child Care Center staff member

close session with refreshments

-Resource Library

media (tapes, records, videos)

books

equipment small motor (puzzles, lottes, etc.)

games and manipulative toys

children's books

large equipment (climbers, slides, etc.)

-Substitute Services

Registered providers "cover" for one another in case of scheduled vacations or unpredictable illness

-Consultant Services

Resources for assistance in planning activities for children

Social Services resource

Questions regarding health/safety issues

Ability to participate in staff-inservice workshops

The rationale for the training and the progression of the activities was primarily based on the experiences of current family day care providers. Adults responsible for the care of children feel more secure when they have preparation for emergency services, as do the parents of

the children. A provider with the knowledge of First Aid or CPR might in fact be able to save the life of a child should such a need arise. Providers are mandated to report suspected child abuse or neglect, as well as being at an increased risk of being accused of these behaviors. The ability to identify signs of abuse and neglect and to respond to them are areas which are useful to family day care providers.

Other areas of concern expressed by providers pertain to business aspects. Some circumstances which contribute to burn-out relate to feelings of being taken advantage of by clients, inability to establish and maintain policies with parents, and related concerns.

Parents, providers, and other child care professionals express concerns relative to family providers who have an insufficient knowledge of child growth and development. Such a lack of knowledge can result in unrealistic expectations from the provider, and frustration and misunderstanding for the children, providers, and parents.

The sequence and progression of the activities should be evaluated as the classes are held, and appropriate adjustments made based on the needs and feedback of the participants.

Classes will be held on Monday and Thursday evenings from 6:30 - 8:45 with a 15 minute break. The First Aid and CPR certification programs will be full-day sessions held on Saturdays from 8:00 a.m. - 4:30 p.m. Upon attaining registration with the State Department of Human Resources, participants will be able to offer their services for child care. The evening and Saturday schedule will accomodate working persons and those already providing child care services.

The Resource Library, Consultant Services, and Substitute Services will go into effect as soon as providers complete training. Four split-session workshops will be offered over a one year period: one each in September, December, March, and June.

An assessment and evaluation of services will be conducted at the conclusion of each phase.

Calendar Plan

-Recruit and train Family Home Day Caregivers	Spring, 1989
-Caregivers register with State DHR	Summer, 1989
-Caregivers begin to provide services	Summer, 1989
-Establish Resource and Referral System	Summer-Fall, 1989

-Implement Family Home Day Care and Resource and Referral Systems Summer 1989-Winter 1989-'90

-Provide additional training sessions As needed

-Evaluate effectiveness of implementation and write report Spring, 1990

Chapter V

Results, Conclusions and Recommendations

Results

As of this writing, the Family Day Care Training Program has completed three 40-hour sessions. Each of these sessions was approximately six weeks in duration, with classes meeting two evenings a week from 6:30 - 8:45 p.m. During each of the six-week periods, Pediatric CPR and First Aid Certification classes were held in eight-hour sessions on Saturdays.

To date, twenty-three individuals have attended the Family Day Care Training Program. Each of these individuals met the minimum State requirements for Family Day Care Registration, necessary for admission to this program: age twenty or older; an understanding of children; good judgement about supervision and safety for children. The program added the requirements: to develop an understanding of children's growth needs; and have or would like to obtain a family day care home registration. Session I had 10 participants; Session II had 6, and Session III had 7 participants.

Certificates of completion (See Appendix A) are given to participants who successfully achieve certification in both Pediatric CPR and First Aid, and who attend all of the remaining twenty-four hours of course work, or demonstrate working knowledge of the content of a session missed. Of the twenty-three participants, eighteen met this criteria and have received certificates of completion.

Of the eighteen who received certificates, four participants are currently Registered Family Day Care Providers in this state: two from the first session and one each from the second and third sessions. Five of the other participants are at varying levels of completion of the Registration process with the State Department of Human Resources.

An unanticipated outgrowth of the training program resulted when two of the participants in the second session entered into a joint venture with their present employer. This has resulted in the operation by these two individuals of a new Licensed Child Day Care Center. Opening April 2, 1990, their center has a licensed capacity to serve thirty-six children, ages 6 weeks to 6 years old. This center is open to the public, and has thus created thirty-six new child care slots available to the community.

One goal of the Practicum was that there would be at

least 10 additional child care spaces available either to the public or to Hospital employees upon completion of initial implementation. In this State, Family Day Care Providers are permitted to care for six children at any one time, of whom two may be under the age of two years. An additional three school-age children are permitted during the school year, for a limited number of hours, generally perceived to be after-school hours. Given four registered providers, there are currently twenty-four child care spaces for infants through preschool age, and potentially twelve additional school-age slots available as a result of this Practicum. This number takes into account only the slots provided by Registered Family Day Care Providers, and excludes the 36 slots available in the Licensed Day Care Center described above.

A second goal was that at least three families of Hospital employees would be able to receive child care services in a registered family day care home as a result of the practicum. Records show that since August, 1989 (when two registered providers had completed the training program) until the present, the child care center has directly referred eleven hospital employees to the network of Family Day Care Home Providers. In January, 1990 a brochure describing the service and listing the three

registered providers was printed. This brochure, expanded in March to include the fourth provider registered, has been distributed to over 40 people. (See Appendix B). Currently, four hospital employees utilize the services of one or more of these providers. The most popular services utilized are infant care, and evening and occasional weekend care. Of the four providers, only the one who completed the training program February 26 has any openings as of this March writing.

The third end result of this practicum was to be an increase in consumers' knowledge of child care services available. On the small scale, this is reflected in the child care center's efforts to provide information to parents regarding group child care centers, group day care homes, family day care homes, and babysitters, nannies and au pairs. For many parents, the visible child care structure, the on-site center, is the only option they have considered. To be successful, any child care arrangement must be a good match for the child, the parent, and the provider. In order for parents to obtain that "good match", they must first be aware of the various elements of each of their options. They may then choose the option that best satisfies the majority of their expectations, or the ones on which they place the highest priority.

This education is carried out by the center in various ways. It appears in printed form in the Family Day Care brochure. (An inclusion of a brief description of the various forms of child care options is proposed for a revision of the Child Care Center brochure.) Discussions are held with hospital employees at the annual Employee Benefits Fair. Staff endeavor to educate parents at the time of initial inquiry into child care services, as well as throughout the service relationship.

The efforts are parallelled in the community at large. The local cable T.V. station taped a program interviewing this writer and a family day care provider, with a view toward an increase in consumers' knowledge of child care services available. InfoLine, the region's resource and referral system, provides information free of charge to all who inquire. Child care task forces and committees are being formed in many local towns to investigate and disseminate information to residents regarding child care services available.

Relative to the measurement of objectives, the Child Care Center still maintains a waiting list of 38 children. Many of these are not the same children on the waiting list prior to the implementation of the practicum. Currently, 34 of the 38 children on the waiting list are infants and

toddlers (less than three years old). Two of these infants utilize Family Day Care Providers from our trained network; others receive care by relatives, babysitters, and registered or unregistered Family Day Care Providers who have not attended our training program. Several children do not receive child care services; they remain at home with one parent while the other parent goes to work.

The results of the evaluation of the training program itself were positive for the most part. Changes in the content or format of each session were made, based on feedback received from the participants in prior sessions. As an example, the class on "Financial Aspects of Day Care Management" came at the end of the first session. Based on comments received on the evaluations, as well as verbal comments from the participants, this class was scheduled toward the beginning of subsequent sessions. Participants were then able to formulate their business plans, prepare bank loan applications, or otherwise develop their financial arrangements prior to completing the training program. This enabled two of the participants to complete the Registration process either during or shortly after completing the training program.

Other changes were made as a result of the evaluations. "Identifying Signs of Abuse/Neglect" was

originally presented by a State agency representative; "Reporting Abuse/Neglect: Utilizing Support Services" was presented as a separate class by the Hospital Social Services Department. Participants suggested combining the two topics into one class. We were able to obtain the services of a grant-funded community program, and combined the two classes into one; "How to Identify, Handle, and Report Suspected Cases of Child Abuse". Following this change, the level of satisfaction relative to this presentation became quite high with subsequent groups.

Insurance issues receive much press and create a high level of anxiety among potential and current family day care providers. As a result of the intense interest in this topic, it became an entirely separate class: "Insurance: Why We Want It; How to Get It", utilizing the block of time vacated by combining the Abuse/Neglect issues.

The final format for the sequence and topics of classes within each session has become that presented during the third session, January 15 - February 26, 1990 (See Appendix C).

It is also clear from the comments received on the evaluations that the companionship and contributions of the group members was of value to the participants. This is indicated by such comments as "I liked the relaxed

atmosphere of the program"; "I enjoy all the people in the program and the helpful input everyone contributes"; (What aspect of this program was most helpful to you?) "Group discussions"; and "Questions and Answers". Overall, participants who perceive family day care as a profession and who wish to become more proficient find this type of training beneficial. Comments that led to this conclusion include: "Well presented - I enjoyed this class!"; "Very informative"; "Now I know what to expect, I hope!"; " I've enjoyed each part of this program"; "I enjoyed this class very much"; "It was very educational and a lot of fun"; "More people need to be aware of this"; "I'm ready, send the kids!"; and "I look forward more and more to daycare and experiencing all the fun activities with kids".

The results of the evaluation for the specific areas of study are shown in the following tables. (For a complete, original evaluation form, refer to Appendix D.)

Total number of participants = 23

Table 1

Topic: Obtaining Your Family Day Care Registration (I:Introduction)
Number of evaluations returned =18
Number of evaluations not returned 5

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	12	5	1		
The presenter was well prepared.	13	5			
Adequate attention was given to questions.	14	4			
There was opportunity for group participation.	14	4			
I now have a greater understanding of the subject.	10	8			
Participation in this program has increased my motivation to do Family day care.	6	7	4	1	

Table 2

Topic: The Child and His Image (Nurturing Emotional Needs)
Number of evaluations returned =20
Number of evaluations not returned = 3

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	11	7	2		
The presenter was well prepared.	11	7	2		
Adequate attention was given to questions.	16	3	1		
There was opportunity for group participation.	14	6			
I now have a greater understanding of the subject.	9	6	5		
Participation in this program has increased my motivation to do Family day care.	11	4	4		

Table 3

Topic: Arts and Crafts for 3 - 6 Year Olds
Number of evaluations returned =17
Number of evaluations not returned - 6

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	11	5	1		
The presenter was well prepared.	12	4	1		
Adequate attention was given to questions.	12	4	1		
There was opportunity for group participation.	12	4	1		
I now have a greater understanding of the subject.	11	4	1	1	
Participation in this program has increased my motivation to do Family day care.	11	4	2		

Table 4

Topic: Language and Motor Development in Infants and Toddlers
Number of evaluations returned =16
Number of evaluations not returned = 7

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	10	5	1		
The presenter was well prepared.	12	4			
Adequate attention was given to questions.	7	9			
There was opportunity for group participation.	9	6	1		
I now have a greater understanding of the subject.	9	6	1		
Participation in this program has increased my motivation to do Family day care.	10	3	2	1	

Table 5

Topic: Cooking Activities for 3 - 6 Year Olds
Number of evaluations returned = 18
Number of evaluations not returned = 5

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	12	6			
The presenter was well prepared.	15	3			
Adequate attention was given to questions.	14	4			
There was opportunity for group participation.	18				
I now have a greater understanding of the subject.	12	5	1		
Participation in this program has increased my motivation to do Family day care.	13	4	1		

Table 6

Topic: Harmony in Cross-Age Groups in Day Care
Number of evaluations returned = 13
Number of evaluations not returned = 10

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	5	6	1	1	
The presenter was well prepared.	6	5	2		
Adequate attention was given to questions.	5	6	2		
There was opportunity for group participation.	5	7	1		
I now have a greater understanding of the subject.	6	3	3	1	
Participation in this program has increased my motivation to do Family day care.	5	5	3		

Table 7

Topic: Child Abuse/Neglect (Includes Identifying, Handling, Reporting)
Number of evaluations returned = 21*
Number of evaluations not returned = 12*
*During the first session, the topic was covered in 2 separate classes, resulting in a potential 10 additional evaluation forms.

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	14	6	1		
The presenter was well prepared.	12	8	1		
Adequate attention was given to questions.	13	7	1		
There was opportunity for group participation.	12	9	2		
I now have a greater understanding of the subject.	14	7			
Participation in this program has increased my motivation to do Family day care.	8	12	1		

Table 8

Topic: Establishing Policies: Hours, Responsibilities, Fees, Health
Number of evaluations returned =21
Number of evaluations not returned = 2

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	11	8	2		
The presenter was well prepared.	12	9			
Adequate attention was given to questions.	13	8			
There was opportunity for group participation.	13	8			
I now have a greater understanding of the subject.	12	6	3		
Participation in this program has increased my motivation to do Family day care.	12	6	3		

Table 9

Topic: Relating with Parents as Clients
Number of evaluations returned 14
Number of evaluations not returned 9

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	6	5	2		
The presenter was well prepared.	5	8	1		
Adequate attention was given to questions.	7	7			
There was opportunity for group participation.	7	7			
I now have a greater understanding of the subject.	5	5	4		
Participation in this program has increased my motivation to do Family day care.	5	5	3	1	

Table 10

Topic: Financial Aspects of Day Care Management
Number of evaluations returned =17
Number of evaluations not returned = 6

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	16	1			
The presenter was well prepared.	17				
Adequate attention was given to questions.	15	2			
There was opportunity for group participation.	16	1			
I now have a greater understanding of the subject.	16	1			
Participation in this program has increased my motivation to do Family day care.	15	1		1	

Table 11

Topic: Financial Aspects of Day Care Management: Insurance
Number of evaluations received =19
Number of evaluations not received =4

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	10	9			
The presenter was well prepared.	13	6			
Adequate attention was given to questions.	15	4			
There was opportunity for group participation.	15	4			
I now have a greater understanding of the subject.	10	8	1		
Participation in this program has increased my motivation to do Family day care.	11	7	1		

Table 12

Topic: Obtaining Your Family Day Care Registration (II:Wrap-Up)
Number of evaluations returned =14
Number of evaluations not returned = 9

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	9	4	1		
The presenter was well prepared.	8	5	1		
Adequate attention was given to questions.	8	6			
There was opportunity for group participation.	7	7			
I now have a greater understanding of the subject.	6	7	1		
Participation in this program has increased my motivation to do Family day care.	7	6	1		

The Pediatric CPR course was instructed by representatives of the American Heart Association. The First Aid course was instructed by representatives of the American Red Cross. Since the Family Day Care Training Program has no jurisdiction over these courses, they were not evaluated on the same scale as the other 24 hours of instruction. Each participant who attended the CPR and First Aid courses did successfully complete the course, passing both required demonstrations of skills and a written exam to receive certification. Verbal feedback from participants indicated that the sessions are worthwhile; that as child care providers or potential providers they feel more competent to respond to any emergencies that might arise; and that even without becoming providers, they feel more secure in their own abilities to respond to emergencies in general.

Conclusions

All of the goals of the Practicum have been met as follows:

* Upon completion of initial implementation, there would be at least 10 additional spaces available either to the public or to Hospital employees.
* At least three families of Hospital employees would be able to receive child care services in a Registered

Family Day Care Home as a result of the practicum.

* One end result would be an increase in consumers' knowledge of child care services available.

Training for day care providers enhances the quality of the care for children, the self-esteem of the providers, and the level of confidence of parents in their child care arrangement. High-quality and low-quality care can be found in family day care homes, as it is in the child's home, in schools and in child care centers. It is hoped that through the continued provision of training for family day care providers, the quality of service will be enhanced, and the availability of service will increase.

Recommendations

The Family Day Care Providers Training Program has become a part of the Child Care Services offered by this Hospital. Enhanced publicity efforts to make its availability known are recommended to increase participation. As an example, the writer has been invited to address one of the local Family Day Care Support Groups at its next monthy meeting. The Hospital also utilizes press releases and public service announcements on local

cable access. Recommendations: use paid display ads in newspapers and radio announcements as well.

The Hospital now has an on-site child care facility, and a small but growing satellite family day care system. The family day care system includes telephone referrals and a brochure given to families inquiring about services. The family day care system will expand as more participants complete the training program and become Registered Providers.

In spite of these two services, the Hospital will never be able to fully meet the child care wishes of its 2100-plus employees.

Many other area employers are beginning to face the issues of family-life related benefits, of which child care is one. Recommendation: assist employers in meeting child care needs and expand availability of child care services through employer consortia. These would consist of both centrally-located child care centers for children of contributing employers, and expanded satellite family day care systems.

The key to successful utilization of available child care services is an informed consumer. Recommendation: educational programs to inform parents of child care options need further development. Ideas include videotapes

which can be shown during employee benefits sessions by various businesses, and brochures which give clear descriptions of variations in services. Assisting parents to choose child care arrangements which meet their values requires a change from the prevaling attitude of: "Is child care available, and how much does it cost?"

Any given entity: employer, municipality, school system, government, employer consortium, etc., has limited resources for "solving the child care dilemma". Strategies include for-profit and not-for-profit child care centers; family day care satellites; employer vouchers for private purchase of service; state-subsidized child care fees for the income-eligible; paid or unpaid parental leave, and others. Final recommendations: explore the options thoroughly. Determine the target audience. Set out to do one thing at a time, and do it well! Continually assess and re-evaluate, and prepare to expand and grow in any direction as the needs and the resources indicate.

Reference List

Bureau of National Affairs, Inc. (1984). Employees and Child Care: Development of a New Employee Benefit. Washington, D.C.: Author.

Children's Defense Fund. (1989). A Vision for America's Future/An Agenda for the 1990's: A Children's Defense Budget. Washington, D.C.: Author.

Colbert, J. et.al. (1976). Educational Services for Home Day Caregivers. Chicago, IL: Roosevelt University, College of Education.

Galinsky, E. (1986). Investing in Child Care (A Report for AT&T). Short Hills, N.J.: AT&T Human Resources Organization.

InterMatrix Group. (1988). Southeastern Connecticut Community Needs Assessment Project: Executive Summary. Westport, CT: Author.

Klass, C. & Nall, S. (1989). "Accessible Professional Development: A Community-Based Program for Early Childhood Educations." Childhood Education, 65(4): 224-227, Summer, 1989.

National Foreman's Institute. (1988). Employee Relations and Human Resources Bulletin (Report No. 1658). Waterford, CT: Author.

Pintauro, C. (1988). Child Care-Related Service Requests for Jan. 1987 to Feb. 1988: New London County. Report prepared for InfoLine of New London and Middlesex Counties. Norwich, CT.

Pleck, J.H. (1986). How Work and Family Issues Involve Men. Paper prepared for conference on Work and Family: Seeking a New Balance, Washington, D.C.

The Texas Child Care Resource Clearinghouse. (1988). Employer Assisted Child Care in Texas. Austin, TX: Author.

Walsh, J. "The 21st Century School: The Great Day Care Debate." Parenting, 3(10): 126-133, December/ January, 1990.

APPENDIX A

CERTIFICATE OF COMPLETION

Lawrence and Memorial Child Care Center

Family Home Day Care Providers' Program

Completed:_____

(Date)

Participant's Name: _____

Signed: _____

(Director, Child Care Center & Services)

Lawrence & Memorial
Child Care Center
365 Montauk Ave.
New London, CT 06320
(203) 444-3137

WHAT ARE YOUR OPTIONS?

A. CHILD CARE CENTERS
(Licensed by State Department of Health Services)

These are full or part day programs in public or private locations. They include nursery schools, day care programs, Head Start, before/after school programs, and drop-in centers. Child Care centers accommodate 13 or more children, one or more days a week.

B. GROUP DAY CARE HOMES
(Licensed by State Department of Health Services)

These facilities accommodate seven to twelve children on a regular basis. They can be held at public sites or in a private home setting.

C. FAMILY DAY CARE HOMES
(Registration under State Dept. of Human Resources)

Up to six unrelated children are accommodated in a private home setting. Children are cared for on a regular basis from three to twelve hours a day.

D. UNLICENSED, UNREGULATED PRIVATE OPTIONS

* Babysitter; Nanny; Au Pair

FAMILY DAY CARE HOME PROVIDERS

Lawrence & Memorial
CHILD CARE CENTER

412 Ocean Avenue
New London, CT 06320
(203) 444-5137

CURRENT LISTING

***INCLUSION IN THIS LISTING DOES NOT REPRESENT A RECOMMENDATION BY LAWRENCE AND MEMORIAL CHILD CARE CENTER OR HOSPITAL. ***

We do not evaluate, rate or endorse these programs.

Lawrence and Memorial Child Care provides lists of Family Day Care Providers who have completed L&M's Training program and who are approved by the CT State Department of Human Resources. Since DHR Registration indicates compliance with minimum standards, it is important that you personally evaluate the Day Care home before placing your child.

Personal, identifying information regarding Family Day Care Providers has been deleted.

OVERVIEW

What is Family Day Care?

Family day care is child care provided in someone else's home, rather than in a day care center or the child's own home. It is the most widely used type of out-of-home care for young children in the United States. Some Family Day Care Providers care for their own young children in addition to the children of others.

Is Family Day Care Licensed?

In Connecticut, Family Day Care Providers are registered through the State Department of Human Resources.

Many individuals provide child care services without meeting DHR requirements, and without obtaining the required registration. Parents are strongly urged to ascertain registration prior to enrollment.

Registration of child care providers does not insure quality. At best, regulation ensures that providers meet and adhere to minimum standards of health, safety, and adult/child ratios.

What are the Adult/Child ratios?
Six children or fewer; no more than 2 children under 2 years old; an additional 3 school-age children.

What makes Family Day Care an attractive option for working parents?

Some children thrive in the presence of other children, so family day care is a preferred setting over a babysitter, nanny or au pair.

Some children thrive in a home-like, familiar setting, or with a small group of children and a limited number of primary caregivers (adults). In this case, family day care is a preferred setting over a day care center.

It is important that parents are familiar with all options for child care, in order to make a "well-matched" choice for a suitable child care arrangement.

Research has shown that Family Day Care has unique qualities that make it the preferred arrangement of many parents. Those special qualities include:

* A familiar, informal home environment
* A small number of other children in care
* Flexible hours
* The consistency of a single caregiver
* The opportunity for a familiar relationship with the caregiver
* Close proximity to home, school, or place of work
* The availability of care for all children in the family - infant, toddler, preschool- and school-age children

Providers who participate in L&M's Family Day Care Network are registered with the State Department of Human Resources AND have completed the following program of training:

TRAINING (40 hours)

First Aid for Young Children
(Certification) *8 hours*

Infant CPR
(Certification) *8 hours*

Early Childhood Education
- The Child and His Image *2 hours*
- Arts and Crafts Activities for 3-6 year olds *2 hours*
- Cooking Activities for 3-6 year olds *2 hours*
- Language & Motor Development for Infants/Toddlers *2 hours*
- Harmony in Cross-Age Groups in Day Care *2 hours*

Issues in Child Abuse/Neglect
- Identifying Signs of Abuse/Neglect *2 hours*
- Reporting Abuse/Neglect: Utilizing Support Services *2 hours*

Managing Your Registered Family Day Care Business
- Obtaining Your Family Day Care Registration
  - Understanding & Complying with Department of Human Resources Statutes and Regulations *4 hours*
- Establishing Policies for Admission
  - Hours, Responsibilities, Fees, and Health Regulations *2 hours*
- Relating with Parents as Clients *1 hour*
- Financial Management
  - Setting Fees, Establishing an Accounting System
  - Insurance, Zoning & Operating Expenses *3 hours*

APPENDIX C

PROGRAM FORMAT

Family Day Care Home Providers' Program
Jan. 15 - Feb. 26, 1990

Mon., Jan. 15:	Introductory Session - Understanding & Complying with Dept. of Human Resources Statutes & Regulations -What is involved in providing family child care services? -What is motivating me to provide such a service?
	Early Childhood Education Component
Thurs., Jan. 18:	The Child and His Image
Mon., Jan. 22:	Harmony in Cross-Age Groups in Child Care Concluding Guest Presentation: Richard Desmond, Proprietor, Education Works, New London, CT
Thurs., Jan. 25:	Language & Motor Development for Infants and Toddlers Guest Speaker: Gwen Lakowsky, Acting Infant Head Teacher, Lawrence & Memorial Child Care Center
Mon., Jan. 29:	Cooking Activities for 3 - 6 Year Olds
Thurs., Feb. 1:	Arts & Crafts Activities for 3 - 6 Year Olds Guest Speaker: Liz Carlson, Acting Preschool Head Teacher, Lawrence & Memorial Child Care Center
	Issues in Child Abuse/Neglect
Mon., Feb. 5:	How to Identify, Handle & Report Suspected Cases of Child Sexual Abuse Guest Speakers: from the Women's Center of Southeastern CT, Inc.
	Managing Your Registered Family Day Care: Business Component
Thurs., Feb. 8:	Financial Management: Obtaining Start-Up Capital; Establishing & Maintaining an Accounting System; Operating Expenses, Guest Speaker: Joe Cannon, Vice President, L&M Hospital
Mon., Feb. 12:	Insurance: Why we want it; How to get it. Guest Speaker: Jackie Smith-Forte, President, Davis Insurance Company
Thurs., Feb. 15:	Relating with Parents as Clients
Mon., Feb. 19:	No Class - Presidents' Day Holiday
Thurs., Feb. 22:	Establishing Policies for Admission -Hours, Responsibilities, Fees & Health Regulations
Mon., Feb. 26:	Conclusion on Policies; DHR Regulations; Listing your services with InfoLine (Resource/ Referral) Guest Speaker from InfoLine of Southeastern CT

60

First Aid Certification and Pediatric CPR will be taught on Saturday. The exact date will be given as soon as the instructors have confirmed.

Registered Family Day Care Homes: Evaluation of Training Programs

Title of Program (Check One):

_____The Child and His Image (Nurturing Emotional Needs)
_____Arts & Crafts Activities for 3-6 Year Olds
_____Language and Motor Development in Infants and Toddlers
_____Cooking Activities for 3-6 Year Olds
_____Harmony in Cross-Age Groups in Day Care
_____Abuse/Neglect: Identify, Handle, & Report Suspected Cases
_____Obtaining Your Family Day Care Registration (I:Introduction)
_____Obtaining Your Family Day Care Registration (II:Wrap-Up)
_____Establishing Policies: Hours, Responsibilities, Fees, Health...
_____Relating with Parents as Clients
_____Financial Aspects of Day Care Management...../Insurance

Please circle the number that best describes your response:

	5 Strongly Agree	4 Agree	3 Agree Somewhat	2 Disagree	1 Strongly Disagree
I left the session with new Knowledge.	5	4	3	2	1
The presenter was well prepared.	5	4	3	2	1
Adequate attention was given to questions.	5	4	3	2	1
There was opportunity for group participation.	5	4	3	2	1
I now have a greater understanding of the subject.	5	4	3	2	1
Participation in this program has increased my motivation to do Family day care.	5	4	3	2	1

What aspect of this program was most helpful to you?

What would you change if this program were to be presented again?

Comments...